

APPENDIX A:

Client Consent for Publication of Case Report

Report Title:

Author:

I hereby give my consent for images and/or other clinical information relating to my case to be submitted as part of a case report in the Massage Therapy Foundation's Practitioner Case Report Contest.

I understand that my name, initials, or any protected health information such as my identification number, billing information, address, etc will not be published and that efforts will be made to conceal my identity, but that anonymity cannot be guaranteed.

I understand that the material may be published in IJTMB or a similar journal and published on the Massage Therapy Foundation's website. As a result, I understand that the material may be seen by the general public.

Name of Client:

Signature of Client

Date

If you are not the client, what is your relationship to him or her? (The person giving consent should be a substitute decision maker or legal guardian or should hold power of attorney for the client.)

Why is the client not able to give consent? (e.g., is the client a minor, incapacitated or deceased?):

If images of the client's face or distinctive body markings are to be published, the following section should be signed in addition to the first section:

I give permission for images of my face or distinctive body markings to be published and recognize that I might therefore be identifiable even though my name and initials will not be published.

Signature of Client

Date